

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL							
		3235-0076					
Expires:	Aoril	30,2008 e burden					
Estimated \	averag	e burden					
hours per re	espons	se16.00					

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NO	TICE OF SALE OF SECURITIE	S SEC USE ONLY
	URSUANT TO REGULATION D.	I Profiv Carial I
3/10//	SECTION 4(6), AND/OR	DATE RECEIVED
UNIFOR	M LIMITED OFFERING EXEM	PTION
Name of Offering (check if this is an amendme	nt and name has changed, and indicate change.)	
Series B Preferred Stock		
Filing Under (Check box(es) that apply): Rule Type of Filing: New Filing Amendment	: 504 Rule 505 Rule 506 Section 4(6)	ULOE PROCESSED
	A. BASIC IDENTIFICATION DATA	OCT 0 1 2007
L. Enter the information requested about the issuer		TUOMOON
Name of Issuer (check if this is an amendment a	and name has changed, and indicate change.)	THOMSON
Fransactis, Inc.		FINANCIAL
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
4550 Montgomery Avenue, 500 North, Bethes	da, Maryland 20814 (Number and Street, City, State, Zip Code)	301-469-3800 Telephone Number (Including Area Code)
if different from Executive Offices) Brief Description of Business Providing technical e-mail billing and payment	solutions	
	partnership, to be formed	please specify)
Actual or Estimated Date of Incorporation or Organiz urisdiction of Incorporation or Organization: (Enter CN		mated 07078789
GENERAL INSTRUCTIONS	···	· · · · · · · · · · · · · · · · · · ·
Federal: Who Must File: All issuers making an offering of secu: 17d(6).	rities in reliance on an exemption under Regulation D	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 1 and Exchange Commission (SEC) on the earlier of the which it is due, on the date it was mailed by United 5	date it is received by the SEC at the address given b	
Where To File: U.S. Securities and Exchange Comm	ission, 450 Fifth Street, N.W., Washington, D.C. 20	0549.
Conies Required: Five (5) conies of this notice must	he filed with the SEC, one of which must be manual	ly signed. Any copies not manually signed must be

photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Kohn, Thomas L. Business or Residence Address (Number and Street, City, State, Zip Code) 4550 Montgomery Ave., 500 North, Bethesda, MD 20814 Beneficial Owner Executive Officer Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Proto, Joseph Business or Residence Address (Number and Street, City, State, Zip Code) 4550 Montgomery Ave., 500 North, Bethesda, MD 20814 Promoter Check Box(es) that Apply: General and/or Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Walsh, Mark Business or Residence Address (Number and Street, City, State, Zip Code) 4550 Montgomery Ave., 500 North, Bethesda, MD 20814 Director Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Greenberg, Jeffrey Business or Residence Address (Number and Street, City, State, Zip Code) 4550 Montgomery Ave., 500 North, Bethesda, MD 20814 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					В. П	VFORMATI	ON ABOU	T OFFERD	NG				
1.	Has the	issuer sold	l, or does th	e issuer in	ntend to se	II, to non-a	ccrëdited i	nvestors in	this offeri	ng?		Yes	No 🗷
	Answer also in Appendix, Column 2, if filing under ULOE.												
2.	What is	the minim	um investr	ent that w	ill be acce	pted from a	ıny individ	ual?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***		s_10,	000.00
3.	Does th	e offering (permit joint	ownershi	p of a sing	le unit?			······			Yes ☑	No □
4.			ion request										
	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full		Last name	first, if indi	vidual)									
Bus	iness or	Residence	Address (N	umber and	Street, C	ty, State, Z	(ip Code)						
Nar	ne of As	sociated Br	oker or De	aler			· ·	· · · ·	<u> </u>				·
Stat	les in W	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)	,	*************	*****************	************	<	***************************************	☐ AI	l States
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	MT RI	NE SC	NV SD	NH]	NJ TX	WM UT	<u>₩</u> <u>Vī</u>	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
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	, mane (Dast Harre	11151, 11 1110										
Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Nar	ne of As	sociated Br	oker or De	alcr					-				
Sta	tes in WI	nich Person	Listed Ha	Solicited	or Intends	to Solicit	Purchasers						 .
	(Check	"All State:	or check	individual	States)			••••••			********	☐ AI	l States
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Bu	siness of	r Kesidence	: Address (i	Number an	id Street, (City, State,	Zip Code)						
Na	me of As	sociated B	roker or De	aler									
Sta	tes in W	nich Person	Listed Ha	s Solicited	or Intend	to Solicit	Purchasers	<u> </u>					
	(Check	"All State	s" or check	individua	l States)	••••••	************	•••••				☐ A!	1 States
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	IL MT	IN NE	IA NV	KS NII	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OV	MS OR	MO
	RI	SC	SD	TN	TX	UT	VT)	VA.	WA	WV	OK WI	WY	PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\begin{array} \) and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s	s
	Equity		\$ 1,000,000.00
	Common [D Preferred		
	Convertible Securities (including warrants)	s	S
	Partnership Interests		
	Other (Specify)		
	Total	1,000,000.00	2 1,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	16	\$_1,000,000.00
	Non-accredited Investors	<u>0</u>	\$ 0.00
	Total (for filings under Rule 504 only)	16	\$ 1,000,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the tweive (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		s
	Regulation A		\$
•	Rule 504		S
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		s
	Legal Fees	[7]	\$ 10,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		s
	Other Expenses (identify)		\$ 5,000.00
	Total	ਲ ਹਿ	s 15,000.00

L	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ <u>985,000.00</u>
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees]\$. 🗆 \$
	Purchase of real estate]\$. 🗆 s
	Purchase, rental or leasing and installation of machinery and equipment	¬s	□\$
	Construction or leasing of plant buildings and facilities		
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another		
	issuer pursuant to a merger)		_
	Repayment of indebtedness		
	Working capital		
	Other (specify):] \$. 🗆 \$
]\$. 🗆 \$
	Column Totals	s 0.00	s985,000.00
	Total Payments Listed (column totals added)	s <u>_9</u>	85,000.00
Γ	D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice mature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commister information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of F	sion, upon writte	
İss	uer (Print or Type)	Date	
To	ansactis, Inc.		
Nz	me of Signer (Print or Type) Title of Signer (Print or Type)		
Th	omas L. Kohn Chief Executive Officer		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	<u> </u>	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 2 provisions of such rule?	30.262 presently subject to any of the disqua	lification Yes	No 🔣
		See Appendix, Column 5, for state resp	ionsc.	
2.	The undersigned issuer hereby under D (17 CFR 239.500) at such times a	rtakes to furnish to any state administrator of a as required by state law.	my state in which this notice is filed a notic	ce on Form
3.	The undersigned issuer hereby under issuer to offerees.	ertakes to furnish to the state administrators,	upon written request, information furnis	hed by the
4.	limited Offering Exemption (ULOE	that the issuer is familiar with the conditions i) of the state in which this notice is filed and f establishing that these conditions have been	understands that the issuer claiming the a	e Uniform vailability
The issu	uer has read this notification and knows athorized person.	s the contents to be true and has duly caused thi	is notice to be signed on its behalf by the u	ndersigned
lssuer ((Print or Type)	Signature	Date	
Fransa	ctis, Inc.	1 / Much		
Name (Print or Type)	Title (Print or Type)		· · · · · · · · · · · · · · · · · · ·
Thoma	as L. Kohn	Chief Executive Officer		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AF	PENDIX				
l	Intend to non-a investor	to sell corredited s in State -Item 1)	3 Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of amount pur	investor and rchased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited				No
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Intend to sell to non-accredited investors in State (Part C-Item 1)				M	APP	ENDIX				
State Yes No	1	Intend to non-a investor	l to sell ccredited s in State	Type of security and aggregate offering price offered in state		amount pur	investor and rchased in State		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
MT	State	Yes	No		Accredited	Amount	Non-Accredited	Amount	Yes	No
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NH	NE									
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				APP	ENDIX				
1	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				lification ate ULOE, attach attion of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
PR								ļ. ——	